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Integrating indigenous healing methods in therapy: Muslim beliefs and practices

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This paper outlines the nature of spiritual healing from Islamic perspectives based upon the writings of early Muslim scholars, the Islamic mystical tradition and a discussion of common traditional Muslim healing practices useful for clinical application. Practical intervention strategies are discussed within an Islamic-based theoretical framework that outlines the four major elements of the human being. These practices include cognitive restructuring using the Qur'an and traditions of Prophet Mohammed, spiritual remedies presented through the repetition of prescribed prayers, invoking blessings upon the Prophet and reflecting upon a behavioral log of daily actions. These spiritually oriented interventions are accompanied by therapy markers for presentation and are categorized into treatments that align to the corresponding human elements of cognition, behavioral inclination or spirituality. Recommendations for professional practice and future research are also offered.

Keywords: health and healing; Islamic spiritual healing; Muslim indigenous beliefs; Muslim mental health

Introduction

Many of the dominant contemporary psychological theories have been conceptualized from a Eurocentric framework, and their treatment utility designed for European-Americans (Al-Abdul-Jabbar & Al-Issa, 2000; Hodge & Nadir, 2008). This could lead to increased pathologizing of non-European/American clients by disregarding their indigenous practices and cultural resources, which are a source of healing for many of these individuals. Because of this, there has emerged a renewed interest in integrating spirituality, religion and culture into psychology and psychotherapy (Al-Abdul-Jabbar & Al-Issa, 2000; Al-Radi & Mahdy, 1994; Hodge & Nadir, 2008; Marcella, 1998; Nadir & Dziegielewski, 2001).

Eastern meditation as a source of indigenous healing in both psychological and neuropsychiatric illnesses has also been a topic of interest for recent researchers (Jaseja, 2005; Lansky & St. Louis, 2006; Oliver & Ostrofsky, 2007; Orme-Johnson, 2006). This interest and the growth of the field of cross-cultural psychology in large part are attributed to the growing ethnic diversity within Western countries. Additionally, the proponents of cultural competence, humanistic and positive psychology have paved the way for the discussion of alternative manners of

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approaching mental health. The indigenous healing practices of many diverse groups have often been a primary mode of treatment and have historically served various cultural groups.

The Muslim population represents a significant portion of the diversity in Western and non-Western countries. There are approximately 1.5 billion Muslims in the world and one-third of this population lives in Western countries (Anwar, 2008). However, the literature on informed practices and therapeutic application of psychological interventions for Muslims is very limited. Muslims are among some of the cultural groups that benefit tremendously from a psychological stance in treatment that integrates traditional indigenous modes of healing (Azhar & Varma, 1995a, 1995b; Azhar, Varma, & Dharap, 1994; Razali, Hasanah, Aminah & Subramaniam, 1998). This is because Islam plays a significant role in the lives of Muslims and is the lens from which they view the world. Islam offers a comprehensive code of ethics that requires an adherence to a holistic healthy lifestyle as part of their religious identity. Despite in-group variability, Islam serves as a unifying cultural element that shapes and influences Muslims from different ethnic groups and cultures. Though in-group variability cannot be discounted, this paper outlines some of the common Islamic practices that cut across Muslim cultures for use with religiously oriented Muslim clients. This strategy allows clinicians to gain a working knowledge of the Muslim psyche. Muslims in particular would benefit from incorporating spiritually integrated psychotherapy. In fact, Muslims who identify strongly with Islamic values are less likely to seek counseling services (Abdullah, 2007; Podikunju-Hussain, 2006) and express a hesitancy to trust mental health professionals for fear that their Islamic values may not be respected (Mahmoud, 1996).

A study conducted by Inayat (2007) investigated known barriers to the use of psychological services by Muslim clients and highlighted six major factors that contribute to the underutilization of mental health services by Muslims: (1) mistrust of service providers, (2) fear of treatment, (3) fear of racism and discrimination, (4) language barriers, (5) differences in communication and (6) issues of culture/religion. Typical Muslim casual attributions for psychological disorders include demonic possession known as 'Jinn' or 'Zar' (Kianpoor & Rhoades, 2005), consequences for past sins, being cursed by the evil eye or distance from Allah (Salib & Youakim, 2001). Hence, many Muslims typically seek traditional modes of treatment such as Islamic faith healing (Farooqi, 2006; Kianpoor & Rhoades, 2005). This paper is directed not only for practitioners in the West but practitioners everywhere, including Muslims who are not familiar with Islamic healing practices.

The primary goal of this paper is to fill the void in the literature regarding Islamic-based treatment methods and to outline specific manners of approaching clinical work with Muslims. A spiritual framework is offered with accompanying techniques, with the goal of providing clinicians with useful Islamic concepts that facilitate culturally congruent healing. The authors outline both theoretical and practical conceptualizations and applications of various indigenous Muslim practices for use in psychotherapeutic healing. These clinical strategies are paired up with identifiable markers as transition points for listed interventions. It is important for clinicians to consider the utility of these practices as they reinforce the therapeutic alliance formed between client and therapist.

Theories of psycho-spiritual healing and pathology

Before discussing specific interventions, it is important to understand how traditional Islamic practitioners of the past and present view psycho-spiritual pathology. Consistent with the Islamic model of health offered by Al-Ghazali (a Muslim scholar of the 12th century), healing of the spirit has a parallel impact on the body and psyche (Haque, 2004). Al-Ghazali (1058–1111) described human nature as centered on discovering the ‘self’, its ultimate purpose and the causes of its misery and happiness (Ghazali, 1853/1986). He viewed personality as an integration of spiritual and bodily forces, believing that closeness to Allah is equivalent to normality, whereas distance from Allah leads to abnormality.

Avicenna (980–1037) (2005) wrote about mind, its existence, the mind-body relationship, sensation and perception and believed that the human spirit is constituted with the power of restoring balance in the whole and that the task of medicine is merely to aid this process (Haque, 2004). The process of regaining health is, therefore, greatly facilitated by the use of practices that produce spiritual healing. This applies to both the spiritual/psychological and physical self. Harmony between all elements of the human being is crucial. Miskawayh, advised individuals to enforce punishments on themselves for engaging in sinful acts to rebalance the harmony between states (Haque, 2004). This form of aversion therapy is one that preceded the behaviorists in mainstream psychology.

Chishti (1991) discusses, in his book of Sufi healing, that our feelings and thoughts can become unbalanced and cause illness and suffering. Despite these states not meeting the clinical threshold, it is important to note that illness in Islam can be seen on a continuum where most individuals are seeking to actualize themselves on the path towards achieving congruence between their religious beliefs and present actions. Thus, spiritual interventions are not only intended for clinical patients, but are a mode of healing, purification and worship for all Muslims. The term ‘Sufi healing’ is used to describe an Islamic healing method practiced by the Sufis. The basic principle in Sufi healing is that the True Healer is Allah Himself and the Sufi acts only as a mediator.

Psycho-spiritual interventions from the Islamic perspective are designed to rid the dissonance that is created between the current self and the ideal self. Bridging this gap includes the reformation of the lower self (*nafs*) through behavioral modifications that are in congruence with the desire to behave as the ideal self by the cognitive restructuring of thoughts to Islamic religious beliefs and rituals of worship and remembrance that feed the soul/heart. These levels of intervention correspond to the four aspects of the human soul as conceptualized by Al-Ghazali that consist of the *nafs* (ego), *aql* (mind) and *qalb/ruh* (heart/spirit – often used interchangeably) (Haque, 2004; Haque and Mohamed, 2009). These four aspects of the human being are intertwined and connected to one another, so that a shift in one area will have an impact on the whole system. The *nafs* is like the ego that gives rise in reaction to the environment through the lifespan. If it learns good habits, it will be of service to the individual, and if it learns bad ones, it can be a barrier to growth. The *aql* is the rational faculty of humans. It is home to logic, reason and acquired intellectual beliefs. The *ruh* is the spirit that, if kept healthy, allows one to live a meaningful and wholesome life. Finally, the *qalb* is the heart, sometimes used synonymously with ‘self’ and ‘soul’. Sicknesses of the heart are often indications of sickness of the whole. The heart is where the effects of the other three elements manifest. The interventions

offered in this paper may address varying levels of these elements of the individual, thus influencing the entire soul towards positive growth.

Healing the spirit (ruh)

Spiritual healing is one of the most common modes of intervening because it includes tapping into the energy field or the aura that exists within and around each one of us. This energy field surrounds and penetrates the physical body and affects both our health and wellbeing (Barrick, 2005; Martin & Moraitis, 2006). Energy circulates through our bodies affecting our thoughts and behaviors and can be harnessed for healing. Energy manipulation experts explain that the healing of spiritual energy is analogous to a waterfall – if a waterfall is channeled in the right way, it can be harnessed to produce energy and give light (Barrick, 2005). The concept of light (*nur*) is very common within the Islamic tradition. Light carries with it a healing energy and can help an individual get rid of the maladaptive or dark properties contained in the heart. The Prophet Muhammad is known to have made a prayer requesting God (Allah) to provide light all around him and turn him into light. It is a common saying that the knowledge of Allah is a light and the heart is the primary vessel that harnesses such light and needs to be prepared to receive such a transformative energy. In biological terms, if blood flow is channeled properly, the resulting energy will vitalize bodily organs. The same principal is used by spiritual healers to store and activate the innate healing life force within the ailing person. Thus, the innate healing properties of man as echoed by Carl Rogers (1959) in the human actualizing tendency may be seen as a motivating/energizing property that may propel one to carry out the spiritual interventions required of them to merge the dissonance between belief and action. Spiritual healing can be based on or inspired by the knowledge from Qur'an and Sunnah (traditions) of Prophet Muhammad. Muslims believe Muhammad as the last prophet of Allah and that Qur'an was revealed to Muhammad from Allah. Certain verses of the Qur'an declare the unique healing properties of this name and five verses refer directly to their spiritual healing qualities.

Correcting behavioral inclinations

According to Islamic belief, the human body is a weak vessel made of clay, a frail material covering, enslaved by acquired carnal woes (*nafs*) within the body that can undergo reformative transformations through a mode of behavioral correction or forming of positive habits (*tarbiyah*). One is required to help transform the *nafs*'s negative inclinations to positive inclinations towards the good. The *nafs* is mentioned in the Qur'an and broken down into three different types. The first type of *nafs* is called the *nafsammarrah bi-l-su*, that is, the state of a human being wherein they are at a lower stage and often at the mercy of their animalistic temptations and inclinations. The *nafslawammah* is a higher state of being, wherein one is in the state of higher consciousness of what is correct and incorrect that guides the individual to make good decisions. The highest state of being is manifested in the *nafsmutmainnah*, a state of ultimate peace, wherein one is directed toward good, taking satisfaction in good and losing the desire for unhealthy stimuli. The goal of behavioral treatments toward this end may be toward getting the *nafs* to be of this last type. The therapeutic context may serve to help facilitate the formation of positive habits through utilizing

behavioral principles of shaping and Muslim practices of positive habit formation (*tarbiyah*). This is done by establishing the therapeutic relationship, instilling motivation through cognitive reformation and tapping into the spiritual energies, behavior modification can be more easily acquired through this holistic method.

Restoring healthy cognitions

One of the earliest Muslim scholars who wrote about depression as a spiritual ailment was Al-Kindi (d. 866) (for details on contributions of the early scholars mentioned in this section and direct references to their works, see Haque [2004]). In his writings, Kindi discussed functions of the soul and used cognitive strategies to combat depression. Al-Razi (864–932 CE), known in the West as Rhazes and acknowledged as the medical authority up to the 18th century, treated the soul as a substance and the brain as its instrument. He discussed ways to treat the moral and psychological ills of humans and wrote that sound medical practice depends on independent thinking. Abu Zaid al-Balkhi (850–934 CE) showed how rational and spiritual cognitive therapies can be used to treat each one of his classified mental disorders and that a proper balance between mind and body can bring about health, whereas an imbalance will result in sickness. He also mentioned that just as individuals keep extra medicine on hand for physical sicknesses, one should acquire and store healthy thoughts for times of poor mental health.

Abu Ali al-Miskawayh (940–1030 CE) worked on a system of ethics based on the proof of Allah's existence, prophethood and the human soul. An emphasis on a theological education in relation to how one should perceive oneself in relation to Allah is essential to maintaining cognitive health. Cognitive coping mechanisms that are inherent in the religion of Islam and delivered through a medium of religious instruction are necessary for positive mental health. Muslim scholars generally considered that many physical illnesses had their origins in psychological problems. They wrote that the mind is created for positive feelings like love, compassion, patience and so on, and called it *nafs-us-subhanior* – the mind that is immersed with Allah-consciousness – as opposed to *nafs-us-shaytani* – a negative mind that leads to all kinds of psychological disturbances. Such negative feelings may result from diabolical influences in one's environment and a loss or lack of God-consciousness. In Islamic healing, many cures of psycho-spiritual illness would depend primarily on curing the mind or thought processes.

The harness of disease and health

The heart can be seen as containing the effects of the symptoms seen in the spirit, mind and behaviors. If the individual has negative behavioral inclinations such as impulsive gambling, then the heart will bear the trait of a weak will. If the mind obsesses over one's own accomplishments and a preoccupation with self-development, the heart may bear the disease of pride. If the spirit suffers from malnourishment of the remembrance of Allah, meaning and purpose, the heart may exhibit depression. Hence, the purification of the heart towards progression on the path towards perfecting oneself cannot be understated. It is from the heart that emotions flow and it is the heart that also harbors positive health. In the Qur'an, the heart is symbolically the seat of the true self, the repository of the soul or the core of human personality, of which we may be conscious or ignorant, but it is our true

existential, intellectual and, thus, universal center (Ahmad, 2009). The heart is also referred as the organ of volition and intention. If the heart is sick, the whole body is sick. According to many verses of the Qur'an, the heart is the faculty through which an individual grasps the ultimate knowledge and metaphysical truths. Islamic spiritual interventions aim to treat ailments of the heart, which in turn heals the body. The Qur'an states, 'I did not create the Jinn and humankind, except that they shall worship Me' (51:56). In many of the interpretations of the Qur'an, 'worship' is interpreted as 'knowing'. The former is an experiential gnosis of Allah as opposed to an intellectual understanding of Him. Therefore, therapy can be a very curative process for the client. The goal of therapy is to increase the client's self-awareness and their ability to behave adaptively and congruently with positive values. Knowledge of what is contained in the heart is what is implied above. The heart is divided into three types: the healthy heart, the dead heart and the sick heart. A healthy heart is cleansed from passion for all things that Allah forbids and follows the injunctions given in the Qur'an. The dead heart does not know or worship its Creator in the way it is commanded by Him. The sick heart knows the commandments of its Creator but it suffers from illnesses resulting from a lust of the fleeting pleasures of this world. This may be viewed as an extrinsic religious orientation to faith, where one worships ritualistically, culturally or as a social communal activity (Allport & Ross, 1967). A sick heart responds to whichever one of the two conditions has most influence on it at the time. So knowing the condition of one's heart is essential for purification to take place.

The Islamic mystical tradition

It is important for practitioners intending on applying or gaining an understanding of spiritual healing to be familiar with the branch of knowledge within the Islamic tradition dealing with spiritual reformation, often referred to as 'Sufism'. The term Sufism is derived from the Arabic word *tassawuf*, which is used to describe a discipline of the Islamic sciences. The ultimate aim of Sufism is to engender a state of being that longs for the Divine, whereby the seeker on this path loses their sense of self in becoming a complete follower of the Prophet. This discipline in particular is known as a science of the inner self and focuses on expelling diseases of the heart such as jealousy, envy, deceit and doubt, among others (Schimmel, 1975). In Sufism, one seeks to take the intellectual education that one has acquired and translate it into an experiential internal science (*ilm al-batin*). Scholars of Sufism focus on the rectification of the *nafs* and soul through *dhikr* (remembrance of Allah), spiritual exercises (*shughl*) and restraining the desires (*riyadah*).

Sufi scholars view Muslims as being on various levels of spirituality or *maqamaat* (stations of the soul). Sufis on the spiritual path pass through different stages/stations of existence until they reach spiritual perfection, a complete unification between belief and action, to such an extent that it becomes habitual. These are psycho-spiritual stages during the evolution of the soul. The lowest plane of existence is the *maqam an-nafs* (station of egotism). This is a state that all human beings are born into. They are preoccupied with their animalistic drives and desires. They are interested in physical satisfaction in desiring food, affection and stimulation of all kinds. This can be likened and most similar to Freud's conception of the *id*. The highest stage being the *maqam al-wisal* (station of union) (Kiymaz, 2002). This is the station where one completes the journey to the divine and has achieved *kamal*,

perfection in faith. According to Sufi thought, it is not the intellect that would lead one to come to know Allah (*marifah – gnosis*) but the divine blessings and a feeling of *nisbah* (proximity to Allah) and *hidayah* (guidance) that will stimulate a spiritual awakening. Intelligence is used as a vehicle towards the experiential.

Clinical applications

Assessment

The first step toward the application of psychological intervention is the assessment of the problem and level of functioning of the individual. It is also important to collect information that would normally be gathered during intake. If religiosity is indicated based on some initial assessment, the clinician may need to tailor their approach accordingly, such as how frequently one uses religious terminologies and at what level one should intervene (*nafs, aql or ruh*). The goal of the therapy should be mutually established by the therapist and client. A detailed assessment is necessary in order to gather the client's ideas and expectations as a basis for therapy. If the client is not interested in self-actualization but struggling with a specific problem, the therapy should focus on the problem the client is currently dealing with it. This should especially be the case if therapy is time-limited and the goal of treatment is to alleviate specific presenting mental health-related symptoms. Additionally, it must be made clear that the usage of a spiritually integrative approach in disorders where the etiology is primarily biologically or neuropsychologically-based would not be appropriate. In these instances, spiritual remedies may serve as an adjunct to more conventional intervention strategies. Otherwise, an integrative approach may be applied to the vast majority of psychological disorders.

The following treatments are organized into the three elements of the soul: *nafs* (ego), *aql* (cognition) and *ruh* (spirit), as mentioned above, to maintain consistency within the theoretical framework of Islamic indigenous psychology. Once the clinician has identified the element that the client is struggling with (i.e., *nafs, aql or ruh*), the clinician can then select markers as interventions, listed below. Many of these interventions involve educational strategies. The clinician may offer his/her conceptualization of the issues presented by the client. It is very important to note that this must be coupled with a strong therapeutic alliance and empathy. The clinician must be careful not to diminish the felt-experience of the client. Additionally, many of the interventions include sayings of the Prophet, saints, Qur'anic verses and verses of poetry. The art of therapy is that one offers these at just the right moment. For example, the therapist can use a line of Arabic prose listed below that works to reform cognitions at just the right time, when the client presents a marker for hopelessness with life. Hence, best practices would entail an ability to make a quick assessment of the client in light of these markers. The use of prophetic sayings, Qur'anic verses and Arabic poetry is for informative purposes only and it is not expected that mainstream therapists would actually implement this.

Spiritually-focused healing

Purification of the soul or *tazkiyat-ul-nafs* is a popular Islamic practice prescribed by some early Muslim scholars. This section of the paper is based on the works of early Muslim scholars, some of whom were Sufis. They emphasized cleansing of one's soul

from impurities so Islamic spiritual healing could develop. They believe that the acts performed by humans disappear but their effects are preserved in the heart by appearing in the soul as either light or darkness. The Qur'an also asserts that one of the most important mission for which the prophets were sent was to teach others to purify their souls, and links the success of humans with purification of their souls. In the Qur'an, Allah took 11 consecutive oaths that success lies only in purifying one's soul (91:1–10). The following intervention strategies have employed a spiritual-centered healing approach. Some of the techniques include cognitive restructuring or behavioral interventions, but with a spiritually-focused backdrop. According to the Muslim tradition, these are some of the steps essential to purifying one's soul and achieve psycho-spiritual health benefits.

Perfecting the nafs/behavior

Behavioral log or muhaseba

Marker. Oftentimes, clients coming to therapy complain about impulsive or behavioral tendencies that are incongruent with their desired mode of being. Clients can feel a deep sense of dissatisfaction for their behaviors they feel may be outside of their control (these may include excess eating, sleeping, backbiting, lying, etc.). If this is expressed by the client or a discrepancy between actual behaviors and desired behaviors are brought out by the therapist, a behavioral log may be used to help correct this behavior.

Intervention. The practitioner may begin by offering psycho-spiritual education to the client in the interest of enhancing personal commitment or motivation prior to offering the suggestion of a behavioral log. Such education may include expressing the fact that the Prophet Muhammad said that an intelligent person is one who brings his 'self' to account and acts in preparation for what lies beyond death and a foolish person is the one who submits himself to his cravings and expects Allah to fulfill his futile wishes. The utility of such education for many Muslims can render them highly responsive to the statements or evidence derived from the sayings of the Prophet or the Qur'an. While at the same time, the clinician may help the client understand that change does not have to be overnight. That is, the principle of harm reduction can be used to reframe success as a reduction in frequency of the harmful behavior as opposed to instant abstinence. The Prophet is known to have said that beloved to Allah are those actions that are done with consistency, even if they amount to be little. At this point, *Muhaseba*, or taking self-account on a daily basis, can be used as a suggested mode of change. Sufis often recommend this type of practice. This would act as a more culturally congruent mode of applying a similar concept, for the purpose of monitoring spirituality and behaviors as a measure of congruence between the two. The practitioner would advise the client to use self-reflection in their log in addition to just a simple recording of behaviors. It can be useful to break down the day into hourly increments in order to look for triggers or patterns in behaviors that may emerge. Clients can then objectively measure change in their behavior over the course of therapy. Clinicians should help clients develop realistic and measurable goals and encourage incremental change as opposed to an immediate cure.

Cognitive reformation

Shifting the compass from creation to The Creator

Marker. There may be instances when clients report feeling let down or betrayed by others. They may feel that their sacrifices for others have not been acknowledged or reciprocated. This may leave the client feeling angry, both at the individual and at themselves. Sometimes they can either lose hope in humanity and give up their positive behaviors or feel resentment and discontinue performing these selfless deeds. This often comes up in the context of family counseling or individual therapy with clinical themes related to interpersonal relationships. An example of these can include marital or familial relationships where the client may not feel that they have received their due 'rights'.

Intervention. In this case, the attention or reward compass is fixated on humankind. This can be a risky endeavor, since dependency on human beings can leave people dissatisfied due to human fallibility. The practitioner may be able to reframe these selfless acts as being done for Allah, suggesting a shift of the compass towards Him. A shift towards Allah-consciousness and the resulting behaviors will permit one to feel a sense of security with one's investment in the form of positive behaviors. The clinician may activate client's beliefs that Allah will compensate and recognize good from individuals, despite the lack of recognition from others. This can help diminish the anxiety caused by the dissonance between their previously perceived behavior and the lack of a positive outcome. That is, success is redefined as conducting the positive behavior itself with an anticipated reward from Allah as opposed to an outcome in the world.

Additionally, in the therapeutic application of interpersonal counseling, making a covenant with Allah and performing acts for His sake can be used as an adjunct for the Integrative Behavioral Couples Therapy strategy. Barlow (2008), for instance, recommends clinicians make a pact with their clients for a behavior exchange as opposed to making a pact with the spouse, simply because the couples may wait for the other partner to act first before reciprocating a behavior. This pact can become even stronger if it is made with Allah, where it is also believed that, despite the other partner's behaviors, the individual making the shift will not go unrewarded by Allah.

Contentment with the decree of Allah

Islamic contentment means being satisfied with what one has and putting complete trust in Allah and His divine decree.

Marker. Some clients may report having a reduced hope for their future and offer narratives about their lives as being problem-ridden. They may also see the rules of Islam as burdensome, while feeling guilty about these having these thoughts. This can be seen as an opportunity to help reconstruct the narrative of their future, by focusing on Allah's ability to uplift them from any calamity if Allah so desires and they move towards acceptance of Allah's decree.

Intervention. In this case, the clinician does not try to diminish their felt pain, but after empathy has been offered, the clinician can help modify their perception and redefine their lives according to their own constructs and cognitions. The clinician

may use positive reframing in these instances. Spiritual leaders always attempt to free their patients from the shackles of their negative cognitions. For example, rather than seeing religious injunctions as burdensome upon the soul, reframing them as liberation from those acts harmful to the individual will allow the patient to experience a greater congruence between their religious beliefs and actions. There is an Arabic proverb that may be used within clinical settings that says, 'fate laughs in the face of plans'. This proverb may be a way of helping individuals to gain a greater acceptance of the past and a positive outlook on the future. Another good rule for developing contentment with their current situation is to look at those who are less fortunate than themselves, which will lead one to thank Allah.

Feeding the soul

Remembering Allah and reciting the Qur'an

Marker. When clients report to therapists a concern about lack of remembrance of Allah or not reciting the Qur'an, the clinician may help clients discover the reasons and feelings associated with their inability to comply with their self-established goals to increase their observance of religious practices. If the primary feeling associated with decreased recitation of the Qur'an is a reduced sense of motivation, then the clinician should proceed to the following intervention. However, if clients report having cognitive barriers, such as a questioning of its worth and general belief that is seemingly the cause of their inconsistent religious observances, the clinician should proceed to cognitive restructuring outlined later.

Intervention. The clinician should maintain their exploratory stance until they have sufficiently established that the client is looking for increased motivation to read the Qur'an and remember Allah. Simultaneously, the therapist could help instill hope in the client by discussing the Mercy of Allah and the benefits of turning towards Him in worship. The therapist may then offer education on the important effects of reading the Qur'an as expressed by Ibn Taymiyyahin, likening the remembrance of Allah and its necessity for the functioning of the heart to the role of water to a fish. The Qur'an states that Allah will remember His servant if they are steadfast in remembrance of Allah (2:152) and also promises tranquility in return for the hearts that are engaged in the remembrance of Allah (13:28).

Submarker. If the client is having a difficult time maintaining the reading of the Qur'anic text as it is not a customary habit of theirs, then the clinician may offer a lower form of remembrance.

Intervention. There are several types of remembrance. The remembrance of the Names (attributes) of Allah and talking about His blessings is believed to be a cure for illnesses of the heart. In the Qur'an, Allah described Himself with 99 names or attributes. These are called *Al Asma-ul-Husna* or The Beautiful Names (of Allah). In Islamic belief, the universal mystery confined to the *Asma* as it is from these attributes of Allah that all phenomena in the universe have emerged. *ArRahman*, for instance, is the foundation of all forms of kindness, good relations, generosity and so on. *ArRazzaq* expresses itself in sustenance for all living beings in the form of food, air, water and so on. *Al Hakim* is reflected in knowledge and treatment of all kinds of ailments and disease forms. Humans are guided by the Qur'an in everything for this

ephemeral world and the hereafter. Islam emphasizes that all forms of healing and treatment should originate from the wisdom and prayers mentioned in the Qur'an. Hence, the clinician may advise the client to pick one of the 99 names that they feel a connection with and recite this ninety-nine times on a *tasbeih* (string of prayer beads). In the 99 names, each name has its unique benefit. For each health condition and affliction there is a remedy in these names. In fact, many Sufi modes of *dhikr* center on the names of Allah. Additional techniques may include breathing rituals. That is, many spiritual healers will prescribe certain breathing exercises or repetitions of the different names of Allah, based upon the illness. There are also similarities and differences among the names and some have complementary characters, while others have opposite effects.

Seeking Allah's forgiveness and making supplications

Marker. An individual feels a tremendous degree of guilt with himself or herself for engaging in an act that transgressed their personal morals or views. Individuals may report having made *tauba*, or repented to Allah, yet still feeling horrible about themselves. In these instances, the client may report constantly ruminating about their behavior and placing negative labels on themselves.

Intervention. Clinicians may help clients recognize that, in Islam, behaviors are not indicative of the whole of the individual. Rather, the opportunity granted by Allah to offer repentance is itself a mercy from Him as many are not given the fortune of recognizing their mistakes. If Allah can forgive them for their sins, surely the client can forgive himself or herself. Additionally, all behaviors happen for a reason and there may be a lesson to be derived from the preceding incident.

The clinician may then brief the client about one of the Prophet's quotes about supplication, that 'Allah is the ever-living, the most generous, and if a person raises hands in supplication, He will be ashamed to let them be lowered disappointed and empty'. It is important however, that one's needs are pure and one does not ask for something bad or wish harm for others. The clinician may advise them to repent if they have not already done so.

There are times, however, when prayers are not answered and that is because the conditions of prayers are not met. For instance, (1) sincerity in one's supplication and a strong belief that Allah is listening, (2) not following Islam in personal life, including traditions of the Prophet and (3) not thanking Allah for what He has given us. There are other conditions as well but it is also said that prayers often remain unanswered due to the wisdom of Allah and for reasons not known to the person. When all conditions of prayers are seemingly met and still prayers are not answered, then either the person is protected from a mishap or evil or Allah has stored it for him until the Day of Resurrection, when it will be answered two-fold: one for asking and another for it not being granted in this world.

Invoking blessings on the Prophet

Marker. Many clients may report feeling a decreased level of faith, accompanied by feelings of worthlessness. Oftentimes, this can turn into a vicious cycle, whereby clients may believe that they have not done enough good deeds and Allah will not answer their prayers, making them feel poorly about themselves. These feelings then

cause them to have a low sense of self, leading them to not supplicate to Allah because of their beliefs around their worthlessness.

Intervention. One mode of intervention for this type of problem would be the age-old technique of challenging such thoughts. Alternatively, and in order to avoid possible resistance to such challenging, the therapist may ask clients to send an abundance of salutations upon the Prophet Mohammed. The Qur'an asserts: 'Allah and His angels send blessings on Mohammed. Oh you who believe, invoke Allah's blessings for him . . .' (33:21). Invoking blessings on the Prophet is also a universal practice among Muslims. This practice is related to the concept of *tawwassul* (intercession). It is believed by Muslims that on the day of resurrection there will be a selected few individuals who will drink from the fountain (*hawz al-kawthar*) of the Prophet on a day that all will be thirsty for drink. These invocations of blessings are sent directly to Mohammed and it is hoped that he will remember the individual and mention his/her name to Allah in a favorable manner. The precondition for *tawwassul* is the belief that, ultimately, Allah is the granter of blessings and not the individuals whom you are seeking intercession from, otherwise it is known as *shirk* (associating partners with Allah in His divine kingship). This practice can work to enhance the client's feelings of closeness to the person of the Prophet, also working to possibly reform their lives to emulate him. This can give the client a renewed sense of meaning in life.

Another benefit that can be mentioned to the client is that invoking blessings on the Prophet may cause them to see him in their dreams. Dreams are important within the Islamic tradition. The Prophet is known to have related that all aspects of prophethood and revelations have been lifted except true dreams. The Prophet also mentioned that Satan cannot take the form of or impersonate the Prophet, so if one sees him in a dream, they have actually seen Mohammed. This is why Muslims long for the Prophet to appear in their dreams and send many salutations upon him. It is incumbent upon any competent clinician to take very seriously the meaning of seeing the Prophet in a dream. It is also important for a spiritual practitioner to be available to interpret the dream for the individual. It is a sign of nearness to Allah and good news for the individual who had the dream.

Ruqyah

Ruqyah is the recitation of Qur'an, seeking refuge from evil and making supplications to treat sicknesses and other problems (Deuraseh, 2006).

Marker. If clients complain of either being inflicted or in fear of becoming inflicted with magic, the evil eye, being possessed by the jinn, jealousy or possible negative outcomes, the clinician may use *ruqyah*. The clinician should be aware of the evil eye and how it is culturally viewed by Muslims. The concept of evil eye is based on the Islamic doctrine and backed by many sayings and practices in Islamic religion. It is believed that the eye itself has a particular power to emit negative energies. The idea of evil eye is that when one looks at something beautiful and fails to recognize the Creator by offering some form of verbal praise, such as saying *subhanAllah* (*Glorified is God*), or is envious, Allah can create harm in that particular thing. It affects an individual in the same manner as poison or any harmful medicine and the person needs to seek a cure from and protection against it. The reason for the evil eye is envy

and a wish for the prevention of bounty for another person, even though the envier does not wish for this bounty. When it does not afflict the envied, it is because of the preventive methods taken by the person in reciting the last three chapters of the Qur'an and a verse entitled *ayatulkursi* in advance before going to bed and after the morning prayers. Many cultures have other practices to ward off the evil eye and in the West a common way would be to knock on wood to prevent any bad luck. The evil eye has two sources: mankind and the Jinn or Genie. The Jinn is part of Allah's creation, separate from man and the angels, but they share certain human qualities like intellect, freedom to choose between true and false, right and wrong, good and bad, marrying and so on. However, Jinn can also take the shape of other humans or even animals (Philips, 2002, p. 41). According to Islamic belief, Jinn are made of smokeless fire and dwell generally in deserted places, ruins, in the air and in fire, they also possess bodily needs similar to humans. Jinn are mentioned in the Qur'an (7:199–200; 16:98–99; 15:27; 41:36; 46:29–32; 51:56) and the possibility of possession by the Jinn is also mentioned in verse 2:275. That the Jinn can enter a human body is noted by Ibn Taymiah (d. 1328), a famous Islamic scholar, and established by the agreement of the four major Imams. Possession is mostly a result of the Jinn being angry due to some wrong or injustice done to them or perceived as such by the Jinn. For example, when humans accidentally harm or hurt them by pouring hot water on them, urinating on them or occupying their living space. It can also occur in the case of evil Jinn committing an injustice by choosing to possess human beings.

Intervention. *Ruqyah Ash Shar'eeyah* follows three basic elements: (1) recitation from the Qur'an and directed to Allah, (2) recited in the Arabic language or with its equivalent meaning in other languages and (3) belief that the benefit comes from Allah only and that by itself *Ruqya* has no power of its own. This type of healing is highly recommended.

Mention of the verses of the Qur'an throughout this paper are examples of *Ruqyah*, where one recites aspects of the Qur'an prescribed for particular ills and blows with their breath on their hands and rubs it over the body of the client. This is a primary source of healing, which was a customary practice of the Prophet and his companions. The healer or the client may use *Ruqyah*, but the user must also meet the following general guidelines: a belief in Allah based on the Qur'an and *Sunnah*, sincerity in worshipping Allah and good intentions in treating people, keeping away from all that is forbidden in Islam, having knowledge about the patient's conditions and protecting their secrets and giving the patient advice and admonitions on the rights of Allah with regards to His commandments and prohibitions.

For the treatment of inflicted person of magic, evil eye or the Jinn, one is asked to recite the following verses from the Quran: Al-Fatiha, Al-Baqarah ayah 137, An-Nisaa Ayah 54, Al-Qalam ayah 51, Al-Mulk ayah 3, Al-Ahqaf ayah 31, Al-Israa ayah 82, Al-Fussilat ayah 44, Yunus ayah 57, at-Tawbah ayah 14, Shu'araa ayah 80, al-Kursi ayah 255, Al-Ikhlaas, Al-Falaq and An-Nas. Healers also recite over water and blow into it. This is the application of *Ruqyah* on a particular illness. It is better if the recitation is done over *Zamzam* water, which comes from the famous well close to the *Kabah* in Mecca. It is also believed that if a pious person blows over the individual or water this would increase the strength of the treatment. The sick person drinks the 'treated' water and pours the remainder over themselves. Another method is to recite over olive oil and rub the affected part or the entire body with the oil (Ansari, 2007). Despite the religiously recommended measures, many Muslims rely

on prohibited methods to defend themselves from the evil eye, for example trusting that lucky charms that can fend off the effects of evil eye. These charms are also known as the 'lucky eye' or simply evil eye jewelry, like bracelets, pendants, key chains and a variety of other charms to protect from the negative effects of evil eye. This method is used more commonly in the Mediterranean part of the Muslim world.

Generic healing

Ansari (2007), in his book *Alternative healing: The Sufi way*, describes that spiritual healing can take place by reading verses from the Qur'an, doing *Dhikr Talqin* (spiritual connection) with the body and mind, ingesting spiritual energy with water or honey, blowing a recitation of Qur'anic verses on the person or wearing a talisman with the 'beautiful names' or attributes of Allah. The following strategies would require the assistance of a Muslim spiritual healer. The clinician may seek the assistance of such a scholar, either by asking whether it would be acceptable to perform the following exercise with them or if the spiritual healer may conduct such a session with their client. Ansari emphasizes that spiritual cleansing is necessary before healing can start. Ansari asks healers to recite 'In the name of Allah' and thereafter should call upon the blessings of the pious predecessors, including the Prophet and other pious individuals they may know. It is believed that, due to the proximity and the status of friendship that the saints and Prophet attained, Allah would extend his blessings from them on to the supplicant because of their association and love for them. One may also seek the intercession of the Prophet alone, in asking Allah to grant himself/herself blessings. Implicit in this is an aspect of humility where supplicants believe themselves to be inferior in spiritual practice but may still gain the blessings on account of this humility and love for Allah and the pious.

It should be noted that for all these markers, assessments are needed to differentiate between pathological and religious concerns. For clients with religious concerns, referral can be made to a Muslim healer but for those with psychological issues, a qualified therapist should be sought. In the absence of a competent Muslim therapist, consultation with others will help. It is true that not all methods and strategies outlined here apply to all Muslims in all countries and some of these may be appropriate for the more orthodox clients and practitioners. However, a careful assessment of clients' cultural and spiritual dimensions and variations cannot be ignored.

Ethical concerns for clergy

Integration of Muslim clergy for treatment may not only be a useful practice, but at times a necessary one. In these cases, it is important for both clinicians and clergy to recognize each other's boundaries. Although the line between these two may not be necessarily distinct, the Muslim clergy must recognize their limitations in their abilities to address serious psychopathology, understanding that a relationship with culturally competent clinicians may be useful for them. In fact, addressing psychopathology with religious interventions that may have a neuropsychological or serious psychiatric element may be doing a disservice to patients by denying the opportunity for medical-based treatment. It would be useful for Muslim clergy to be

open to communication with all professionals and, if possible, seek a treatment-team approach for the clients.

Implications for professional practice

Spiritual healing in the West does not fall under the umbrella of ‘professional practice’ but there is now an obvious shift in the overall socio-cultural climate, allowing for a more tolerant approach toward minorities and their views on health, illness and healing. The Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 2000) contains a section on culture-bound syndromes that acknowledges the existence of culturally-specific diagnoses but this section is very limited and there are a lot of missing syndromes, as illustrated by this paper. It is recommended for the purposes of diagnosis that culturally competent clinicians begin to re-examine this section and contribute to the listing of these syndromes within the DSM (Haque, 2010). This kind of knowledge and understanding is needed for treatment providers to Muslims in order to establish rapport with and improve treatment strategies for a diverse group of Muslim clients. In fact, a conceptual understanding of indigenous beliefs may prevent misdiagnosis of minority clients and also enhance client’s trust in a system alien to their own. Clinicians, however, must be knowledgeable of practice regulations of their disciplines in countries where they live and make sure that an investigation and integration of spiritual healing in their professional practice does not violate any professional ethics.

Hall and Livingston (2006) recommend that therapists form an alliance with the Islamic clergy to clarify Muslim norms and worldview about illness and health, facilitation of referrals and effective application of treatment strategies. Kirkwood (2002) encourages all counselors to know enough about the Muslim faith to help Muslim clients. This knowledge will help in working with Muslim clients who may not be very religious, yet are culturally close to their ethnic and social norms and practices. Ongoing studies of Muslim and their indigenous belief systems are much needed by the research community, especially through tests and instruments developed and standardized specifically for this population. It is obvious that a multi-pronged approach in diagnoses and treatment would go a long way in serving clients brought up in the Islamic tradition. Any usage of the strategies outlined above requires that the clinician read more about Islam, gain cultural competency training and attend workshops on Muslim beliefs and practices. This would ease an understanding of the vocabulary that is unique to Muslim clients as well as gain sufficient credibility to suggest interventions from within the Islamic context. It is also essential for therapists to become self-aware of their own biases and reactions to Muslim clients who present themselves very differently to non-Muslim clients. As an ethical practitioner, one must also recognize the limitations in one’s ability to help people of other faiths and cultures. In such circumstances, it is necessary for therapists to acknowledge their professional/personal boundaries and ethical responsibilities in serving the best interests of the client. Having trained in the West or in Western perspectives, many Muslim clinicians may also benefit by revisiting their own cultural traditions and practices and incorporating strategies beneficial to their clients.

In closing, we would like to acknowledge that while there is a growing amount of literature on the benefits of religious-based interventions, this paper is based primarily on clinical experience and work with a limited number of Muslim clients.

This is a limitation of our research and begs further investigation on this topic. It is also very important to point out that someone not qualified and experienced in assessing the religious background and needs of a client may complicate matters, resulting in psychological harm to the client, and so in these circumstances a referral to a more culturally competent therapist would be essential.

Conclusion

This paper has outlined several useful modes of applying traditional healing methods as supplement to the treatment of clients seen in mental health settings. It would be important for clinicians to consider expanding their theoretical stance for application with Muslim clients during this integration process. A more comprehensive prescriptive manual is called for that places these healing methods in the context of a theoretical orientation that is based upon an Islamic theoretical framework for understanding mental health and illness. The expansion of traditional healing methods and their therapeutic application in post-modern times would prove useful subjects for further research. Ultimately, exposure to Muslims within the context of clinical practice or research is highly likely and it is imperative that mental health practitioners seek competency training in this area. It is also suggested that graduate programs offer more training on working with religious clients. Professional investments into such endeavors are crucial for the continual progression of cultural competency with the growing diversity needs within modern societies.

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